

Food Program Official Inspection Report

Siskiyou County Community Development Department Environmental Health Division 806 S. Main Street Yreka, California 96097 phone: (530) 841-2100, fax: (530) 841-4076

| Facilit | y Na | me: Cornersto | ne C | afe | | Permit # | |
|---|--------|----------------------------------|-------|-----------|--|--------------------------------------|--|
| Addre | SS: | 5759 Dunsmu | ir Av | e, Duns | muir, CA, 96025 | | |
| Permit Holder: Permit To Operate: Valid Not Valid | | | | | | | |
| Phone | | 310-740-2625 | | | E-mail: info@rockit-foods.com | | |
| Food | | ty Certified Employ | yee: | | | Expiration Date: | |
| | | 23 CON 2 | MAJ | OUT CO | The marked items represent Health Code violations ar | nd must be corrected as follows: | |
| Protection Time/ Temp. | 1 | Food Temp. | WIAJ | 001 00 | | in must be confected as follows. | |
| | 2 | Prep./ Service | | | Pre-opening Inspection Conducted | d This Date | |
| | 3 | Storage/ Disp. | - | | 1 | | |
| Lim | 4 | Frozen Food | | | 1 | | |
| otection | 5 | Pure Food | | | This facility is approved to open when the following is | completed: | |
| | 6 | Reused Food | | | 1 | | |
| ď | 7 | Transportation | | | - Finish cleaning the facility. | | |
| (D) | 8 | Storage Fac. | | | - Ensure that hot water of at least 100 degrees E is a | vailable at all times throughout the | |
| rage | 9 | Refrig. Units | | 8 | Ensure that hot water of at least 100 degrees F is available at all times throughout the facility. The facility may not operate if at any time hot water is not available. Schedule an inspection for the ANSUL system. | | |
| Food Storage | 10 | Thermometer | | | | | |
| poo | 11 | Hazardous Mat. | | | | | |
| <u> </u> | 12 | Spoils | | 5 | - Obtain a food manager certification within 60 days. | | |
| .dir | 13 | Wash/ Sanitize | ÷. | | - Obtain a lood manager certification within oo days. | | |
| Uten./Equip. | 14 | Equip. Condition | | | - All employees obtain a food handlers card within 30 | days of hire. | |
| | 15 | Utensil Condition | | | | | |
| | 16 | Storage | | | - Obtain all licenses and/or permits to operate from al | l necessary regulatory agencies | |
| e | 17 | Handwashing | | | that have jurisdictional oversight of this facility. | | |
| Employee | Sec. | Employee Hygiene | | | 4 | | |
| Ē | - | Employee Habits | | 2 | 4 | | |
| | 100000 | Food Cert./ Card | | _ | 4 | | |
| Water | 21 | Water | | | 4 | | |
| | 22 | Cross Con. | - | | 4 | | |
| Waste | _ | Liquid Waste Refuse | - | | 4 | | |
| | | | - | 8 8 | 4 | | |
| Vermin | | Rodents/ Insects Animal/ Fowl | - | | 4 | | |
| > | 20 | | - | 2 C | 4 | | |
| | | Ventilation Doors | | | 4 | | |
| ties | 8 8 | Floors | - | 8 | 4 | | |
| Facilities | 30 | | | | 1 | | |
| ш | 31 | | | | 1 | | |
| | 32 | Janitorial Fac. | | | 1 | | |
| | | Lighting | | 3 ? | 1 | | |
| | - | Clothing - Linen | | | 1 | | |
| Misc. | - | Signs | | | 1 | | |
| | | Misc. | | | 1 | | |
| MAJ = | | | OUT = | Out of co | mpliance COS = Corrected on-site | | |
| Receiv | ed B | y (Print): Robert | Wed | aa | Received by (Signature): | Date: 12/30/2024 | |
| REHS | (Prin | t): Rick Florence | do | | REHS (Signature): | Phone: 530-841-2114 | |
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| Facility Name: | Cornerstone Cafe | | |
|----------------------------|------------------|---|--------------------------|
| | | esent Health Code violations and must b | be corrected as follows: |
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| Received By (Print): | | Received by (Signature): | Date: |
| | bert Wedaa | | 12/30/2024 |
| REHS (Print): Rick Flor | ando | REHS (Signature): | Phone: 530-841-2114 |
| Page 2 | ENUU | | 550-641-2114 |

| Facility Name: | Cornerstone Cafe | | | |
|----------------------|----------------------|-----------------------------------|-------------------------------|--------------|
| | The marked items rep | present Health Code violations an | d must be corrected as follow | vs: |
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| Received By (Print): | | Received by (Signature): | | Date: |
| | ert Wedaa | | | 12/30/2024 |
| REHS (Print): | | REHS (Signature): | | Phone: |
| Rick Flo | rendo | | | 530-841-2114 |
| Page 3 | | | | |

| Facility Name: | Cornerstone Cafe | | | |
|---------------------------|---------------------|---------------------------------------|-------------------------------|--|
| | The marked items re | epresent Health Code violations and m | nust be corrected as follows: | |
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| Received By (Print): | | Received by (Signature): | Date: | |
| | pert Wedaa | | 12/30/2024 | |
| REHS (Print): Rick Flo | rendo | REHS (Signature): | Phone: | |
| | | | 530-841-2114 | |